

**STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH**

**NOTES FOR MEETING OF
March 12, 2007**

Members Present: Kitty Gallagher, George Karabakakis, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh

DMH Staff: Melinda Murtaugh, Frank Reed, and Terry Rowe

Other: Linda Corey, Joy Livingston, David Long Donna Reback, Michael Sabourin, and John Stewart

Marty Roberts facilitated this meeting.

The people present introduced themselves and reviewed the agenda. Standing Committee members approved the minutes of the February 12 meeting as submitted.

Vermont State Hospital (VSH) Report: Terry Rowe

Terry went over patient injuries and variance reports, which are showing an overall reduction. Sue Powers asked why this reduction has occurred. Terry speculated that the attention to the issue is in itself a factor in the decline, but she has not made further analysis, she said.

VSH is purchasing a new reporting software system used at Fletcher Allen Health Care; reports are to be automated rather than manual. The name of the new system is Quantros, Terry added. The State Hospital has already put out bids. George Karabakakis said that he wants VSH “to get the story behind the numbers” so as to help understand trends. Sue wanted to know if getting to know individuals would not make a difference. Yes, Terry said; adding any unique characteristics of patient outliers for a trend analysis would be very interesting.

Eleven variance reports were filed in January. No concerning trends were detectable. The bulk of the reports had to do with lack of access to outside areas during the Valentine’s Day blizzard.

Eight patient grievances were filed in January. Information about an incident that involved physical contact also went to Adult Protective Services (APS). Terry was encouraged to make sure that descriptions of incidents where potential abuse or neglect are alleged also indicate that APS was notified even if this is a policy. One patient was in belt and wristlets for an extended period of time, which raised questions from the committee members. Terry reported that in serious situations such as this, VSH gets opinions from outside psychiatrists as well.

VSH is looking into implementing heart-healthy meals. Kitty Gallagher suggested that VSH check into the medication(s) of the patient who had so many complaints in January.

Terry said that the hospital wants to get as much functionality as possible out of new pharmacy software, will be providing a great deal of data to treatment teams and psychiatrists. Ultimately purchasing an integrated pharmacy or medication management system will resolve many issues related to medication inventory and errors, treatment planning, and the like.

Independent Report on Act 114: Joy Livingston and Donna Reback

Joy explained the statutory requirement for an annual independent assessment of the implementation of Act 114 and then opened her and Donna's time for questions and comments from the Standing Committee. Kitty said that she found the independent report very helpful and informative. She mentioned two concerns that she has: peer support when a person is being involuntarily medicated and debriefing after the involuntary medication. Kitty wants people to have moral support from their peers in involuntary medication situations and she wants debriefings for patients as well as staff. On debriefing, Joy told the Standing Committee that there is no documentation with descriptions of debriefing. What the independent researchers heard from nurses and psychiatric technicians is that they "have conversations" with patients both before and after administration of medications. On having a support person present, Joy explained that it has become routine for staff to ask patients if they want a support person, but not all patients report the same information—thus making for, in essence, two realities about what happens in regard to this particular part of the pre-medication procedure. Fawn Como has put a lot of work into forms for the documentation of Act 114 orders so that the procedures are thoroughly documented.

Donna added that she interviews Act 114 patients and their family members if it is all right with the patients. This year, the patients' response rate was lower than in previous years. Everyone Donna interviewed was still in the hospital when she talked to them because the time between issuance of an order for medication and the patients' readiness to answer questions was much shorter. Donna wondered aloud if it is really worthwhile to talk to someone so soon after involuntary medication. She would recommend reaching out to people over a longer period of time. Linda Corey suggested having a support person present for interviews for this study.

Sue Powers asked if we are getting what we want with these reports. She also supports the idea of interviewing Act 114 patients from prior years. Michael Sabourin suggested that the purpose of report is to look at quality of life. Marty seconded what Michael had to say. Clare expressed her appreciation for the effort. So did Terry, adding that VSH has tried to respond to importance placed on Act 114. Sue concluded the discussion with the observation that it is good to hear that documentation at VSH has improved significantly.

Update on Recruiting VSH Patient Representative: Terry Rowe

VSH's contract with Vermont Psychiatric Survivors (VPS) is almost complete. It needs a few more signatures at the state level, and then VPS will start advertising. VSP and VSH will work together to select the patient representative; both a consumer and a family member will be on interviewing committee. Terry hopes that the patient representative will do surveys too in addition to VPS report card. George Karabakakis asked where patient rep will be located physically. On one of units, with access to a filing cabinet and a computer, Terry said. The position will require 15 hours of work each week.

Kitty said that patients still say they are not hearing the results of their grievances. Terry and Kitty agreed to talk later about any specific patient concerns in this area.

VSH Quality Improvement Plan: Terry Rowe

Terry says that this Quality Improvement Plan is the most recent view of issues at VSH, incorporating Joint Commission/Center for Medicare and Medicaid Services/Department of Justice regulations, expectations, standards, and other considerations as well as issues on which VSH staff are already working. Most of the leadership positions at the State Hospital have been filled by now.

The VSH census is 42 today.

Michael Sabourin asked what VSH is doing to avoid medications. Terry replied that staff are using a range of approaches, such as implementation of a number of evidence-based practices (social skills, for example) and psychosocial rehabilitation models. Marty suggested that Standing Committee members look at the rest of the report and then take it up again in April.

Corrections and Designated Agencies: George Karabakakis

Re-entry of inmates into the community presents huge issues for both systems, George said. HealthCare and Rehabilitation Services of Southeastern Vermont has developed a re-entry group that is comprised of parents/family members, someone from VPS, a substance abuse specialist, outreach staff, and others. Lots of questions arise: What, for example, to do with returning prisoners not from Windsor or Windham counties? Several members expressed concern that prisoners are not getting the mental-health services they need when they are in prison. Maybe we need to look at what is working and go from there, George ventured. Linda said that VPS is planning to meet with Corrections; she thought that someone from the Standing Committee would be good addition to group. Terry wondered aloud if perhaps the community mental health system ought to provide all mental-health services in Corrections too. There is a clear need for a case-management infrastructure. It could be both cost-effective and powerful. George asked how the Standing Committee wanted to proceed. The topic will go on the April agenda. George will ask the re-entry group in Southeastern Vermont about their interest in coming to Waterbury for a Standing Committee meeting.

The Standing Committee's Report on VSH: Frank Reed

Frank went through it briefly, emphasizing the draft nature of the document. Marty wanted to make specific comments on specific points throughout the report. Melinda Murtaugh will send the document electronically to Standing Committee members and all may comment as they choose. Under operations, Jim said, take note of the importance of money.

Clare asked about staff turnover at VSH. Terry replied that the State Hospital has been through enormous cultural change. Some turnover is good, she added; VSH is doing fairly well in reten-

tion over time. Many staff at VSH love working there, see great changes as patients improve. It is really meaningful for staff to go to work and know that what they do matters.

Public Comment:

- ❧ Michael says that mental health and corrections issues go beyond re-entry. He noted the tension over behavioral treatment.
- ❧ Marty stated that the intent is to widen the focus over time, starting from re-entry and going from there.
- ❧ Clare announced Advocacy Day at the Capital Plaza this past Saturday. It was sponsored by the National Alliance for Mental Illness of Vermont (NAMI—VT). The day was very successful, Clare said.
- ❧ Linda said that a DVD will be available soon from VPS.

Report from the Membership Committee: Marty Roberts

Lise Ewald has been to two meetings now. A subcommittee will interview her before the next meeting. The names of other candidates that have been forwarded are Richard Allain and Marty Roberts. Marty asked that Standing Committee materials still be sent to Richard. The Membership Committee has recommended that Sandi Knight's name be forwarded for membership. Melinda explained that she is still waiting for a résumé and the form for gubernatorial appointment from Sandi.

Re-designation of Rutland Mental Health Services (RMHS)

Sue Powers asked how RMHS "meet the standard" all the time. David long answered that part of it is getting used to the re-designation process and understanding expectations. Clare observed that this report is better than last one. She asked David and John Stewart to name two challenges, besides money. John's answers were: (1) more emergency housing, especially some for co-occurring disorders, and (2) additional outreach staff to go beyond a 5-8 mile radius from central offices in Rutland.

Jim remarked that some of the resources available in Rutland are "really nice"—crisis services, for example, and Information Technology (IT), even though understaffing is a problem. He also enjoyed talking to the Dialectical Behavioral Therapy team on the site visit. The Partial Hospitalization Program (PHP) was also impressive, he said. Overall, Jim thinks that RMHS' program works really well. Clare added that RMHS is sending some staff to a Family Education group in the future. Then she asked about staff turnover at the agency. John said that it is fairly stable except at Pine Street. The agency is now recruiting for one half-time position that is still vacant. David mentioned two other big issues at RMHS: staff recruitment and retention, and the stability of psychiatry. There are about six open positions in designated agencies (DAs) around the state, adding to the difficulty of recruitment. It is hard to run the Rutland Regional Medical Center with only two psychiatrists, David finished.

Marty asked how RMHS encourages community integration. She wanted to know if the agency has a plan. John responded that RMHS has an ad hoc recovery work group comprised of staff

and clients to introduce additional recovery principles. Genuine client improvement includes community integration, he said. Between eight and ten recovery groups meet each week at Court Square. The Recovery Work Group keeps staff informed so that groups rotate smoothly. Linda added her perspective that moving forward with recovery at RMHS has gone well. One staff member trained in recovery left, but another one is there now and conducts a WRAP (Wellness Recovery Action Plan) group. People getting ready to leave the partial hospitalization program start by beginning recovery groups, John says. Now that RMHS's executive director has left, some recovery groups are to participate in the search for a new exec. David added that the agency's Board looking into the process for searching for a new CEO and wants to get input from stakeholders. RMHS wants to be able to demonstrate how well recovery is integrated into groups, he said. Clare asked how many RMHS staff have had training in recovery. Answer: Two certified recovery trainees, and at least six others have been to classes without being trained as trainers.

Marty asked for more details on Partial Hospitalization. It is a nurse-run program from 9:00 in the morning until 3:00 in the afternoon, with a lunch break. Usually patients are stepping down from inpatient hospitalization, but occasionally the program can be used for hospital diversion. The program helps the agency become familiar with the needs of adults who might become Community Rehabilitation and Treatment clients. Programming includes group psychotherapy, substance-abuse services, and a variety of skill-building activities (occupational therapy, for example).

RMHS's ElderCare program functions separately from Partial Hospitalization. The agency has one Eldercare clinician whose caseload is about 40 clients. She sees clients almost entirely in community settings.

Linda praised the Rutland Area Partnership as an example of how the agency can have a bigger presence in community. David elaborated on the development of a Local Interagency Team for adults, with Michael O'Brien to be head of it. The adult team is comparable to the Rutland Regional Partnership for Children's Services. The restructuring of the Agency of Human Services (AHS) and the creation of regional field directors is certainly working well in Rutland, he added.

Linda said that she would like to see more recovery activities that would help people to get out of their homes and into the community. Clients who live in Castleton do not get out very much, she said. RMHS's outreach office has a fourteen-passenger van, but it is difficult to get the staffing to go out. Maybe getting peers involved would help, she suggested.

Marty asked about peer initiatives in Rutland. John said that he hopes to bring the question before the Local Program Standing Committee.

Rutland's vocational program is great to show off about, John told the Standing Committee. Outcome indicators are now going up, and that's a good trend. At the same time, it is a way of showing how the agency incorporates recovery into programming and does treatment planning. David added that RMHS's recovery work group and the move to paperless records are both quality initiatives. The agency has placed strong emphasis in the past couple of years on getting people ready to lead on Quality Improvement (QI) teams as well as on the Malcolm Baldridge

principles; this goes for both line staff and management). In addition, RMHS has worked hard on strengthening the Local Program Standing Committee; it is outstanding now.

Jim reiterated his feeling that RMHS is a very impressive agency. Clare said that she learned a lot by being on the site visit team last fall. Linda said that VPS has been able to work better with RMHS since its previous designation. Peer leadership is becoming stronger too (Kitty Gallagher also George Nostrand are good examples of peer leaders in Rutland).

A decision on RMHS's re-designation will be on the Standing Committee's April agenda. Marty stated her desire for more organized re-designation discussions in the future. Marty suggested having the general discussion at one meeting and then inviting agency staff to attend the next Standing Committee meeting.

Division of Mental Health Updates: Frank Reed

- 1) **FY 2008 Budget:** DMH's portion represents growth of roughly 11 percent, Frank said. Growth for most of the rest of AHS is 2-3 percent. Part of DMH's growth will be in caseload allocation and resources for patients leaving VSH. Increases in the budget for the Futures include among other things resources for housing, peer supports, and crisis beds (funding for up to 10 crisis beds is allocated for FY 2008). FY 2008 is the last year of three-year promised increases for Vermont's designated agencies.
- 2) **Sustainability Study:** A consulting group, charged with assessing the service system, will issue a report in the near future. Linda added information on the President's proposed federal budget for next fiscal year. He proposes cutting the mental-health block grant, children's services, and more from programs under the Substance Abuse and Mental Health Services Administration.
- 3) **Proposals in Response to DMH's Request for Proposals for Crisis Beds:** Three designated agencies have stepped forward: the Counseling Service of Addison County, Northeast Kingdom Human Services, and Northwest Counseling and Support Services. The Commissioner anticipates a decision by March 16.
- 4) **Staffing at DMH:** Diane Cota will move into Doug Clifton's position.
- 5) **Acute Care Program Chief:** DMH has found a good candidate, may be near hiring her.
- 6) **Information Technology Position:** A final interview is scheduled.
- 7) **Legislation:** Some bills being tracked by DMH include
 - a. S. 128: Elimination of the sunset for court-ordered psychiatric evaluations at designated hospitals and continuation of authorization for that capacity
 - b. S. 124: Planning and evaluation of options for inpatient psychiatric services
 - c. S. 137: Restoration of Department of Mental Health, with a Commissioner.Other bills are currently in committee. The crossover date is Friday, March 16.
- 8) **VSH Census:** We have finally gained some momentum in getting the census down, working with the Department of Disabilities, Aging, and Independent Living through the Choices for Care program. The census is 42 today. All patients discharged under this program are in home settings.
- 9) **The Futures Project:** DMH is waiting for word from the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) on requirements for the conceptual certificate of need (CON).

10) DMH has been working with the Office of Vermont Health Access (OVHA) on a new grievance process under Vermont's Global Commitment.

Marty announced an open house at Second Spring Recovery Residence on March 31 from 2:00 until 5:00 in the afternoon. More staff need to be hired. Anticipated opening date currently is mid-April.

Items for the April Agenda

- ❖ Introductions, going over agenda, approval of notes for last meeting
- ❖ Corrections Project
- ❖ Commissioner
- ❖ Re-designation of Rutland Mental Health Services
- ❖ Public comment
- ❖ Further discussion of VPS's report card and VSH's QI Plan
- ❖ Finishing touches on the VSH Report
- ❖ Governing Body update
- ❖ Agenda for May 14

Safe Haven Update: Linda Corey

Linda said that one-third of the clients at Safe Haven in Randolph are still coming from VSH. The people who have gone back into the community are still there and are doing well.